

Case Number:	CM14-0093854		
Date Assigned:	07/25/2014	Date of Injury:	01/17/2014
Decision Date:	10/06/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of January 17, 2014. In a Utilization Review Report dated June 13, 2014, the claims administrator denied a request for "ketoconazole cream 2%." Somewhat incongruously, the claims administrator referred to the cream as a topical ketoprofen cream, in the body of its report. The applicant's attorney subsequently appealed. In an April 3, 2014 progress note, the claimant was given prescriptions for oral Naprosyn, tramadol, omeprazole, cyclobenzaprine, flurbiprofen-capsaicin-menthol-camphor compound, and a ketoprofen-cyclobenzaprine-lidocaine compound. The applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee pain. A heating pad and an interferential unit were sought.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ketoconazole cream 2%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, tramadol, cyclobenzaprine, etc., effectively obviates the need for the "largely experimental" topical compounded drug at issue. Therefore, the request is not medically necessary. Since the claims administrator referred to a topical ketoprofen-containing cream in the body of its Utilization Review Report and since the attending provider also alluded to usage of the ketoprofen-containing topical compound in his progress note, the request was interpreted through Independent Medical Review as a request for a ketoprofen-containing topical compound as it appears that the request for Ketoconazole cream 2% is not medically necessary.